| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 | | | | | | | | | Application or Docket Number $10/563864$ | | | |
|---|---|---|---------------|-----------------------------------|----------------------|------------------|-----|--|--|----|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY | | | | |
| U.S. NATIONAL STAGE FEES | | | | | | |] | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | | | | 1 | BASIC FEE | 150 | OR | BASIC FEE | |
| EXAMINATION FEE | | | | | | | 1 | EXAM. FEE | 100 | | EXAM. FEE | |
| SEA | RCH FEE . | | | | | | | SEARCH FEE | 200 | | SEARCH FEE | |
| FEE | FOR EXTRA S | PEC. PGS. | minu | us 100 = | | / 50 = | | X \$ 125 = | | | X \$ 250 = | |
| тот/ | AL CHARGEAB | 3LE CLAIMS | 34 min | 34 minus 20 = * | | | | X \$ 25 = | 350 | OR | X \$ 50 = | |
| INDE | EPENDENT CLA | AIMS | 2 mi | 2 minus 3 = * | | | | X \$ 100 = | | OR | X \$ 200 = | |
| MUL. | TIPLE DEPEN | DENT CLAIM PRE | ESENT | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| * If ! | the difference | in column 1 is I | ess than zero | ess than zero, enter "0" in o | | | 1 . | TOTAL | 800 | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | - 1 | SMALL E | NTITY | OR | OTHER 1 SMALL E | |
| ENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHI NUME PREVIO PAID I | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| AME | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CL | | | | CLAIM | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | |
| | | (Column 1) | | (Colum | n 2) | (Column 3) | | | | | | - 43 |
| NT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUME PREVIO PAID F | IEST BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| AMEN | Independent | • | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | 7 |
| | FIRST PRES | ENTATION OF M | ULTIPLE DEPE | ENDENT (| CLAIM | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |